MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/ 584447 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER AFTER **AS FILED** 1" AMENDMENT 2 [™] AMENDMENT 1" AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND TOTAL DEI TOTAL DEP TOTAL TOTAL

CLAIMS

PTO - 1360 (REV. 11/04)

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